

EXHIBIT 19

Patient name:
MRN:

Date:

1) Do you sometimes forget to take your prescription cholesterol medication?	<input type="checkbox"/> YES <input type="checkbox"/> No
2) People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your prescription cholesterol medication?	<input type="checkbox"/> YES <input type="checkbox"/> No
3) Have you ever cut back or stopped taking your prescription cholesterol medication without telling your doctor because you felt worse when you took it?	<input type="checkbox"/> YES <input type="checkbox"/> No
4) When you travel or leave home, do you sometimes forget to bring along your prescription cholesterol medication?	<input type="checkbox"/> YES <input type="checkbox"/> No
5) Did you take all your prescription cholesterol medication last time you were supposed to take it?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
6) When you feel like your symptoms are under control, do you sometimes stop taking your prescription cholesterol medication?	<input type="checkbox"/> YES <input type="checkbox"/> No
7) Taking medicine every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your cholesterol treatment plan?	<input type="checkbox"/> YES <input type="checkbox"/> No
8) How often do you have difficulty remembering to take all your prescription medications to lower your cholesterol level?	<input type="checkbox"/> Never/rarely <input type="checkbox"/> Once in a while <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> ALL THE TIME

How many answers did they give that are in BOLD UPPERCASE? ____ (≥ 2 → ELIGIBLE)